- Na 100-	" <b>CUED</b> 40	- 1 F 40FA	THE DIV	ISION OF HE	ALTH OF MISSO	<b>DURI</b>			
r. 10-48	HILL AP	PR 15 1950	STANDA	RD CERTIF	FICATE OF DE	EATH	Stati	e File No	9451
-17	BIRTH NO.	· · · · · · · · · · · · · · · · · · ·	_ REG. DIST. NO	10. 174	PRIMARY REG. DIST	т. но.30	35 Regi	istrar's No	18
14	I. PLACE OF DEA	ĀTH			2 USUAL RESI		here deceased li	ived. If institut	ition: residence before
12'	a. COUNTY Lafe	avette			a. STATE Missour	•	b. COL	UNTY Afavett	admission).
<b>'</b> \ ∃	b. CITY (If outside co	orporate limits, write H	(URAL and give	c. LENGTH OF	C. CITY (If outside a	corporate limits, r	write BURAL	ung sian tomaspi.	11/2/
, o	TOWN Lexi	ngton	township)	STAY (in this place)	אט וומ	xingto			154
EE	d. FULL NAME OF (		natitution, give street		d. STREET ADDRESS	(If rural, gh			<del>-</del>
RECORD	INSTITUTION				<u>  217</u>	7 S 10t	h St.		
RI	3. NAME OF DECEASED	a. (First)	- b. (	(Middle)	c. (Last)		4. DATE	(Month) (	(Day) (Year)
Ļ	(Type or Print) L	OUISE		RIE	GUILIOU		OF DEATH MA		1950
(E)		, COLOR OR RACE	7. MARRIED, NEV WIDQWED, DIV	VORCED (Specifics)	8. DATE OF BIRTH	1		Months I De	FEAR IF UNDER IS HES.
[A]		White	Migowed	₫ <u>//</u>	July 22,1		87	7 29	)"   ""   ""
PERMANENT	10a. USUAL OCCUPATIO		10b. KIND OF BU	BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (Sta	ate or foreign cou	ntry)	4/ 12	COUNTRY?
14 T	At Home		<u> </u>		France			<u> </u>	
<b>∀</b>	13a. FATHER'S NAME		13b. MO	OTHER'S MAIDEN		14. NAME	OF HUSBAN	D OR WIFE	
[2]	Piere Mal	lot	Jear	ne Marie			r M Ga		
AKE	15. WAS DECEASED EVE (Yes. no. or unknown) (If	ER IN U.S. ARMED F If yee, give war or dates t	/ORCES?   16 SOC of service)	CIAL SECURITY NO.			TURE OR N	<del>-</del>	ADDRESS
7			<u> </u>	·	Chas. Gui	llou.	Lex.	Мо.	
<u>.</u>	18. CAUSE OF DEATH Enter only one cause per 1	. I. DISEASE OR C	ANDITION		CERTIFICATION		A-A-	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
INK	line for (a), (b), and (c)	DIRECTLY LEADI	CONDITION DING TO DEATH*(a)	Thron	alc My	pea	Alle	_ خو	
CK	*This does not mean	ANTECEDENT CA		17	1.		,		
∢	the mode of dying, such	Morbid conditions	s, if any, giving DUE	£ то (ь) _ <b>Д</b>	ufferten	men	<u>~</u>		<u> </u>
BL	as heart fallure, asthenia, etc. It means the dis-	rise to the above ca the underlying cau	cause (a) stating use last.		4		• •	25.52.1	
	ease, injury, or complica-	- STUTO FIGNIE		E TO (c)					
UNFADING	tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not								ILL 2 V.
40		related to the diseas	ise or condition causin	ing death	milly			<u>    / / </u>	A A
N.F.	19a. DATE OF OPERA-	196. MAJOR FIND	DINGS OF OPERATI	(A)	•	•	-   -	20. AUTŌPSÝ? <b>*</b> □ □ □ □	
11	A ACCIDITATE	<u> </u>	THE SECONDARIAN		To Come Town C		÷	1	YES NO.
رو	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	21b. PLACE OF INJUI home, farm, factory, stre	RY (e.g., in or about )	21c. (CITY, TOWN, OI	R TOWNSHIP)	, (U	OUNTY)	(STATE)
Sign				OCCUPPED	TOW DID IN HE	-V 0001103			
ĐẠÌSO—	21d. TIME (Month) OF INJURY	) (Dmy) (Year) (E	WHILEAT	URY OCCURRED NOT WHILE	21f. HOW DID INJUR	Y OCCUR!	;		
			— I WORK L	AT WORK	1 Cx x	~ 1/			<u> </u>
PLAINLY	22. I hereby certify to	hat I attended to	ne deceased from	1 Mari	, 19 <b>S</b> (2) (0 <b>)</b>				saw the deceased
3	alive on The	<u>1.11 , 19.0</u>	Qand that deat		23b. ADDRESS	the causes a	nd on the o		
E	23s. SIGNATURE	ILR.		(Degree or title)	Z3b. AUUKESS	6		-	Z3c. DATE SIGNED
. 열.	TOP SUPIAL CREMA	A PATE	1 240 N/	M D	RY OR CREMATORY	1/24d. LOCATIO	· · · · · · · · · · · · · · · · · · ·	13 IS	5/11/50
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Boods)	A 12 0 10 6	<b>f</b>		Y ON CHEMATOR	_ :.			(State)
≱	Burial () DATE REC'D BY LOCAL	<u>  13/13/50</u>     REGISTRAR'S SI	MAU MAU	hpelah /3/	25) FUNERAL DIRE		ington	ADDR	
Į	L REG.	5.   ¬,	- E Eucle	The	17 19			1.1	Miz.
	Murch 23, 1450	) rum		Embelmer's	Statement on Reverse S	my	<u> </u>	1. 1. 1	<u>//ww</u>
			12.1020	SELL PRINCESSES AND	PRESIDENT ON MEASURE OF	AGE) ,			1

MAR 27 RECEIVED District Health Officer No. 8, District File Number .....

## STATEMENT BY LICENSED EMBALMER

	•		
I hereby certify that the body whose name is	recorded on the reverse side of this	certificate was embalmed by me, or by	<del></del>
	-	Student Embalmer No.	
corking under my personal supervision.	-		

Student Embalmer

Licensed Embalmer No. 29

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.